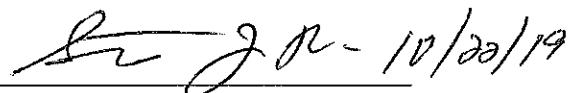

PLAINTIFF CONSENT FORM

I hereby consent to make a claim on my own behalf and on behalf of all similarly-situated employees against Synergy Industrial Corporation, Warren Haberle, and/or Brian Haberle (collectively, "Synergy") for unpaid minimum and/or overtime wages under the FLSA and/or Wisconsin law. During the past three years, there were workweeks that I worked for Synergy in which I did not receive minimum wages for all hours worked and/or overtime compensation for all hours worked in excess of forty in a workweek.



Signature and Date



Print Name

Fax, Mail or Email to:
Hawks Quindel, S.C.
Attn: Timothy P. Maynard
P.O. Box 442
Milwaukee, Wisconsin 53201
Fax: (414) 271-8442
Telephone: (414) 271-8650
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